



Employee:	
Date & time of incident:	
Coch #	Route #
Location:	Date of report:
Description: 	
_____ Signature of supervisor	_____ Date/Time
_____ Signature of employee	_____ Date/Time
<p><i>Your signature indicates that this matter has been brought to your attention. It is not an admission of guilt. You have 72 hours to turn in a response to your supervisor.</i></p> <p><input type="checkbox"/> Employee will write a response within 72 hours. <input type="checkbox"/> Employee waives response.</p>	
<input type="checkbox"/> No Copy to Union	<input checked="" type="checkbox"/> Copy to Union _____ Union Officer Initials/Date/Time



Employee Response

Employee:

Date & time of incident:

Response:

Signature of person responding to report

Date/Time

Signature of supervisor receiving response

Date/Time

☐ No Copy to Union

☒ Copy to Union

Union Officer Initials/Date/Time



Disposition

Employee:	
Date of incident:	
<p>Disposition:</p> <div style="display: flex; justify-content: space-between;"><div style="width: 45%; border-top: 1px solid black; margin-top: 10px;">Signature of person making the disposition</div><div style="width: 45%; border-top: 1px solid black; margin-top: 10px;">Date/Time</div></div> <div style="display: flex; justify-content: space-between;"><div style="width: 45%; border-top: 1px solid black; margin-top: 10px;">Signature of employee</div><div style="width: 45%; border-top: 1px solid black; margin-top: 10px;">Date/Time</div></div> <p style="text-align: center; margin-top: 20px;"><i>Your signature indicates that this matter has been brought to your attention. It is not an admission of guilt. You are entitled to a hearing.</i></p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> Employee requests a hearing.</div><div><input type="checkbox"/> Employee waives a hearing.</div></div>	
<input type="checkbox"/> No Copy to Union	<input checked="" type="checkbox"/> Copy to Union
<div style="border-top: 1px solid black; width: 100%; margin-bottom: 5px;"></div> Union Officer Initials/Date/Time	



Discipline

Employee:	
Date of incident:	
Discipline:	
_____ Signature of supervisor	_____ Date/Time
_____ Signature of employee	_____ Date/Time
<i>Your signature indicates that this matter has been brought to your attention. It is not an admission of guilt.</i>	
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No Copy to Union</div><div><input checked="" type="checkbox"/> Copy to Union _____ Union Officer Initials/Date/Time</div></div>	